ated with dose intensity of radiosensitizing Doc, and was diminished by dose reduction. Results suggest that this regimen should be further evaluated for stage III NSCLC. The PK disposition of Doc was similar at full-dose (75 mg/m^2) and at low-dose (10 mg/m^2 or 12 mg/m^2) for Doc plasma clearance and half-life. Doc PK was not affected by the presence of cisplatin during induction CT.

P2-172 **NSCLC: Combined Modality Therapy Posters, Tue, Sept 4**

Lung cancer in women: results of treatment

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Background: Evaluate efficacy of combined surgical and conservative treatments women lung cancer in Lithuania.

Matherial and Methods: From 1996-2003 y.y. 316 patients (women) entered study evaluating results of lung cancer treatment in Institute of Oncology, Vilnius University. Patients were stratified according: age, stage of disease, smoking status, morfology and treatment (surgery alone or with other treatment v/s no surgery involved). According age patients distribution were: 35-49 y. - 43 pts (13,6%), 50-64 y. - 124 pts (39,2%), 65-74 y. - 108 pts (34,1%) and 75+ y. - 41 pts (12,9%). Morfology: adenocarcinoma - 173 pts (54,7%), epidermoid - 43 pts (13,6%), SCLC - 31 pts (9,8%), carcinoid - 9 pts (2,8%), cancer cells - 19 pts (6,0%) and nonclassified carcinoma - 41 pts (12,9%); By stage: I stage - 55 pts (18,4%), II stage - 66 pts (20,8%), III stage - 100 pts (31,6%), IV stage - 95 (30,1%); By smoking status: non smokers - 241 pts (76,2%), smokers - 75 pts (23,7%). Surgery was performed in 85 pts (26,9%), combined surgical treatment - 61 pts (19,3%), combined conservative treatment - 103 pts (32,6%), 67 pts (21, 2%) received palliation.

Results: overall 5 years survival 23% of cases. 5 years survival by age: <50 y. - 18%, 50-64 y. - 20%, 65-74 y. - 19%, +75 y. - 17% cases. 5 years survival by stage: I stage - 52%, II stage - 25%, III stage - 10%, IV stage - 12%. 5 years survival by morfology: adenoCa - 22%, epidermoid - 22%, SCLC - 10%, carcinoid - 52%, cancer cells - 22%, nonclassified carcinoma - 24%. 5 years survival by smoking status: SCLC: smokers 5 %, non smokers - 15%; nonclassified carcinoma: smokers - 0%, non smokers - 26%. 5 years survival estimate by treatment: 5 years survival: surgery±combined treatment 25% of cases, no surgery involved - 10% of cases.

Conclusions: 1. Surgical or surgical combined treatment was superior to conservative treatment (5 years survival 25% v/s 10%). 2. Better treatment results were achieved in carcinoid treatment (5 y. surv. - 52%), NSCLC - 22%, SCLC - 10% and nonclassified carcinomas - 24%. 3. Overall 5 y. survival in women lung cancer in this study was achieved in 23% of cases.

P2-173 **NSCLC: Combined Modality Therapy Posters, Tue, Sept 4**

Induction chemotherapy versus induction chemoradiotherapy for pathological N2 non-small cell lung cancer

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Background: Several studies have suggested that induction therapy followed by surgical resection may improve the outcome in patients with stage IIIa (N2) non-small-cell lung cancer (NSCLC), however, optimal induction strategy has not been defined.

Methods: We retrospectively reviewed the medical records of 33 patients with stage IIIa NSCLC having mediastinal lymph node metastases proved by mediastinoscopy. Fifteen patients received induction chemotherapy (CT) between 1995 and 1999. Eighteen patients received induction chemoradiotherapy (CRT) between 2000 and 2006. For induction CT, CDDP (60 mg m-2) and CPT-11 (50 mg m-2) were given on days 1, 8, 29, and 36. For induction CRT, cisplatin (40 mg/m^2) and docetaxel (40 mg/m^2) were given on days 1, 8, 29, and 36 along with concurrent thoracic irradiation at a dose of 46 Gy (2 Gy/fraction/day). Induction was followed by surgical resection in 4-6 weeks.

Results: Preoperative patients' characteristics were similar between CT and CRT (Table 1). All 33 patients underwent surgical resection after the induction therapy. The rate of pathological effectiveness of the main tumor (the rate of Ef2 or Ef3) was significantly higher in CRT than in CT (72.2% vs 26.7%, p = 0.022). Treatment related death was encountered in one CT patient but in none of CRT patients. The 5-year survival rate was significantly better in CRT (68.2%) than in CT (26.7%) as shown in Figure 1.

Conclusions: Induction CRT may provide significantly better pathological effectiveness than induction CT, thus may improve the survival for patients with stage IIIa (N2) NSCLC.

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ERCC1 and Beta Tubulin III (BTUB) isoform expression by Immunofluorescence (IF) may correlate with survival after combined modality therapy (CMT) for stage III NSCLC

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Background: Multimodality therapy has clearly improved outcome in Stage III NSCLC. However, the majority of patients still succumb to disease. Platinum based therapy, utilized both concurrently with radiotherapy as well as induction/consolidation therapy is central to this approach. Recent data in adjuvant therapy and in stage IV disease indicate that ERCC1 expression correlates with platinum responsiveness. BTUB isoform expression has been correlated to sensitivity to antitubulin agents. We utilized a novel, quantifiable, IF method to assess ERCC1 and beta tubulin III expression in pre-treatment specimens and correlated with overall survival from a prospective institutional study.

Methods: Pts with path III A/B disease, PS 0-1 were eligible. CMT consisted of induction therapy with escalating doses of Carboplatin (C)(AUC=1), and Vinorelbine (V) 5-15mg/m^2 q wk, with concurrent 69.6 Gy (1.2 Gy bid/5 d/wk for 29 d). Pts with negative mediastinal nodes after chemoXRT underwent resection, if feasible. All pts received additional chemoRx consisting of C/V at AUC=5 d1, 25mg/m^2 d1,8 q 21 d X 3 followed by docetaxel 75mg/m^2 2 q 21 d x 3. Paraffin embedded tumor specimens were analyzed by IF staining for ERCC1 and BTUB. Anti-ERCC-1 was directly labeled with Alexa 594 while anti-beta-tubulin was counterstained with Alexa 532 dye. IF was measured quantitatively with a computerized microscopy system and expressed as the mean of the average fluorescence per pixel. IF expression in the tumor sections is measured in 1000 tumor cells utilizing 5